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Substitute for form 1449/PTO  <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/661,363
				Filing Date	September 12, 2003
				First Named Inventor	Michael S. DeFranks
				Art Unit	3725
				Examiner Name	T. Bonk
				Attorney Docket Number	SMCY-P01-101
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.